



CANNON BUILDING  
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STATE OF DELAWARE  
**BOARD OF ARCHITECTS**

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EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**REQUEST FOR DELAWARE ARCHITECT EMERITUS STATUS**

**INSTRUCTIONS**

When your Delaware Architect license is in Emeritus status, you

- are not permitted to practice as an Architect in Delaware
- must use the title *Architect Emeritus* instead of *Architect*
- are not required to renew your license or complete continuing education

For rules on Emeritus status, see Section 6.9.2 of the Board's [Rules and Regulations](#). To request Emeritus status...

- ☐ Submit a completed, signed and notarized [Request for Delaware Architect Emeritus Status](#).
- ☐ Enclose the [status change](#) fee.

If you wish to resume practicing as an Architect in Delaware, you must [reapply](#) and complete the 12 hours of required annual continuing education for the calendar year in which you reapply.

1. Full Name: \_\_\_\_\_
2. Delaware License Number: S5 - \_\_\_\_\_
3. Phone: \_\_\_\_\_ Email: \_\_\_\_\_
4. Have you been registered as an Architect in Delaware for at least the immediate preceding ten years? Yes ☐ No ☐
5. Are any disciplinary actions related to your Architect licensure pending in Delaware or any other jurisdiction?  
Yes ☐ No ☐ If yes, enter jurisdiction: \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_
6. Have you met the annual continuing education requirement (Section 6.2 in the [Rules and Regulations](#))? Yes ☐ No ☐
7. Are you at least 65 years old? Yes ☐ No ☐ Enter your date of birth: \_\_\_\_\_

**AFFIDAVIT**

I certify that the information given by me in this request is true to the best of my knowledge and belief and is made for the express purpose of requesting Delaware Architect Emeritus status. I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

**Signature of Requester:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_ County or City of \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, deposes and says that he/she is the person who executed this request, that the information in it are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

SEAL Signature of Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**REQUESTS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL  
BE REJECTED**